ENTRY BLAN	K	**************************************	
PLEASE TYPE O	R PRINT	./	evious May Shov
[] NA:	Λ .	yes yes	
Mr Artist	MARK	ULDF	ATHER
		(L	ast Name Last)
Permanent 369 Address 369	FRONT	ST	BERET
Address Stree	et		City
44017	Tel. (2/6)	143-	0420
Zip	Area Code	2/2	01-0
Temporary or	210 TG) JORT CT	2000
Temporary or Studio Address	<u> </u>	(ON 1 71	City
			,
44017	Tel. ()	243-0	420
Zip	Area Code		
If you do not pres	ently live in one	of the counties	s of the
Western Reserve,	which county we	re you born in	?
Collaborator			
	(If Any)		
If May Show entri			
Artist will pic			
☐ Museum shou ☐ Museum shou	ld dispose or. ld ship to artist (C.O.D. at this a	ddress:
Special Instruction	ns		
When necessary in		ructions or a d	rawing of how
the object is to be			
-,-			
This entry blank rentry blanks will r		de out and sign	ed. Unsigned
Note carefully cal		y and return of	objects. It is
understood that t	he Museum will h	nave the right t	o dispose for
It is also understo			

The submission of objects will be construed as acceptance of all

exhibition until June 4, 1978.

Signature ____

conditions printed in the entry information

ENTRY BLANKS

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Materials							
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	GRA	PHICS AND PHOTO	GRAP	HY ONLY			
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ACCEPTED DO NOT WRITE IN THIS SECTION				-	ACCEPTED		
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